

Compostable Materials Management Technical Assistance
Integrated Best Management Practices Development
Operational Challenges/Concerns Assessment Procedure (OCAP)
PRE –EVALUATION – BEFORE SITE VISIT

FACILITY NAME AND ADDRESS: _____ FACILITY SWIS NUMBER: _____

FACILITY OWNER/OPERATOR: _____

SITE MANAGER: _____

PURPOSE OF ASSESSMENT (Describe):

REVIEW OF PERMIT STATUS AND CONDITIONING DOCUMENTS:

Permit Type or Notification: Notification ☐ Registration ☐ Full ☐

Date Last Reviewed: _____

Type of operation: (ag, chip & grind, etc) _____

Conditioning Documents:

OIMP? Yes ☐ No ☐ **RCSI?** Yes ☐ No ☐ **JTD?** Yes ☐ No ☐

Composting System: (aerated static pile, windrow etc) _____

Requirements in Docs.	OIMP	RCSI	PERMIT	JTD
Processing (days)				
Volume Limits				
Monitoring times/day/week				
Site Specific Requirements				

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POST SITE VISIT ASSESSMENT

Is site operating in accordance with the governing documents? Yes ☐ No ☐

Explain:

Comments/ Observations:

Recommendations: